

# GENERAL REVIEW OF SYSTEMS

\* PLEASE CHECK THOSE ITEMS THAT PERTAIN TO YOU DURING YOUR LIFETIME

NAME: \_\_\_\_\_

- Last dental visit \_\_\_\_\_
- Last visit to  
Ophthalmologist \_\_\_\_\_
- Last complete physical  
exam with lab work (EKG  
etc.) \_\_\_\_\_

## ALLERGIES

- Asthma
- Hay Fever

## CARDIOVASCULAR

- Chest Pain
- Irregular heart beat
- High/low blood pressure
- Poor circulation
- Rapid heart rate
- Swelling of ankles
- Varicose veins
- Heart Murmur

## CONSTITUTIONAL

- Chills/sweats/fever
- Fainting
- Headache
- Loss of sleep
- Nervousness
- Weight loss/ Weight Gain

## EARS, NOSE, MOUTH, THROAT

- Bleeding gums
- Difficulty swallowing
- Earache
- Ear discharge
- Hearing loss (R or L)
- Hoarseness
- Nosebleeds
- Persistent coughing
- Ringing in ears
- Sinus problems

## ENDOCRINE

- Rapid weight loss/gain
- Intolerance to warm room
- Multiple broken bones
- Excessive hunger/thirst

- Loss of libido
- Spontaneous nipple  
discharge

## EYES/LENS IMPLANTS

- Blurred vision
- Crossed eyes
- Double vision
- Vision flashes or halos
- Eye Infections

## GENITOURINARY

- Blood in urine
- Lack of bladder control
- Painful urination
- Incontinence
- Bladder/kidney infections

## GASTROINTESTINAL

- Bloating
- Bowel changes
- Constipation
- Diarrhea
- Gas
- Hemorrhoids
- Indigestion
- Nausea
- Poor appetite
- Rectal bleeding
- Stomach pain

## HEMATOLOGIC/LYMPATHIC

- Swollen lymph nodes
- Easy skin bruising
- Prolonged bleeding from  
cuts, tooth extractions

## INTEGUMENTARY

- Skin rashes or eruptions
- Chronic skin itching
- Unusual Moles
- Poor Scarring

## MEN

- Breast lump
- Lump in testicle
- Penis discharge

## MUSCULOSKETAL

- Pain, weakness, numbness or  
swelling in: (Circle Areas)
- Hands, wrists, hips, knees, or  
joints
  - Pain in arms or legs

## NEUROLOGICAL

- Fainting
- Headaches
- Numbness of arms or legs
- Seizures
- Tingling of hands, feet, arms  
or legs
- Problems with memory

## PSYCHIATRIC

- Anxiety
- Depression
- Panic attacks
- Restlessness

## RESPIRATORY

- Blood
  - Cough
  - Dizziness
  - Shortness of breath
- TB test was \_\_\_\_\_

## WOMEN

- Abnormal pap smear
  - Bleeding between periods
  - Breast lump
  - Extreme menstrual pain
  - Hot flashes
  - Nipple discharge
  - Painful intercourse
  - Cessation of menstrual  
periods
- Date of last period: \_\_\_\_\_  
Date of last pap smear: \_\_\_\_\_  
Result: \_\_\_\_\_  
Mammogram date/result: \_\_\_\_\_  
Are you pregnant? \_\_\_\_\_  
No. of children (ages): \_\_\_\_\_